

**LEAD TRAINING PROGRAM PROVIDER ACCREDITATION APPLICATION****DO NOT WRITE IN THIS BOX - FOR HEALTH DEPARTMENT USE ONLY****Date Rec'd:** ____ / ____ / ____ **Amount \$** ____ **Budget #7C790-085** **Remittance #** ____

Lead training program providers are required to be accredited in accordance with 25 TAC §§295.201-220. A fee of **\$500.00** must accompany the application. Send a cashier's check or money order payable to "**Texas Department of Health - 7C790-085.**" **Do not send personal checks, company checks, or cash.** **Application fees are nonrefundable.** Complete all blocks below (print or type only) and supply all the required documentation listed on this form.

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Name of Organization	Telephone Number	Fax Number
Mailing Address	City	State Zip
Physical Address (if different)	City	State Zip

To seek department accreditation, the following information must be submitted with this application in accordance with §295.204 of the Texas Environmental Lead Reduction Rules.

____ **1.** A list of courses for which the training program provider is applying for department accreditation [§295.204(c)(1)(B)]; **and**

____ **2.** A statement signed by the training program manager certifying that the training program meets §295.204(d), the minimum requirements for accreditation [§295.204(c)(1)(C)]; **and**

____ **3a.** A statement signed by the training program manager certifying that the program uses EPA-developed model training materials [§295.204(c)(1)(C);

OR

____ **3b.** If a training program provider does **not** use EPA-developed or department-developed training materials, the following must also be submitted: a copy of the student and instructor manuals to be used for each course, and a copy of the course agenda for each course, which must include the time allotted for teaching each course topic [§295.204(c)(1)(C)(i)&(ii)]; **and**

____ **4.** A description of the facilities and equipment available for lecture and hands-on training [§295.204(c)(2)(A)]; **and**

____ **5.** A copy of the course test blueprint for each course [§295.204(c)(2)(B)]; **and**

APPLICATION IS CONTINUED ON BACK

- ___ 6. A description of the activities and procedures that will be used for conducting the assessment of hands-on skills for each course [§295.204(c)(2)(C)]; and
- ___ 7. A copy of the training program provider’s quality control plan as described in §295.204(d)(9) [§295.204(c)(2)(D)]; and
- ___ 8. A statement certifying that copies of the documented methodologies listed in compliance with §295.203(a) of this title (relating to Federal Documented Methodologies) are onsite and available for review [§295.204(c)(2)(E)]; and
- ___ 9. Documentation that the training manager and principal instructor(s) meet the requirements of subsection (d) of this section [§295.204(c)(2)(F)]; and
- ___ 10. An example of the training certificate which will be given to students upon successful completion and test passage [§295.204(c)(2)(G)]; and
- ___ 11. For corporations, a Certificate of Good Standing from the Texas Comptroller of Public Accounts office certifying that its franchise taxes are current. If the corporation is not subject to Texas franchise tax, the corporation must certify in a signed statement that it is a corporation which is exempt from the payment of the franchise tax; or that it is an out-of-state corporation which is not subject to Texas franchise tax [§295.204(d)(13)]and [25 TAC §1.161].

APPLICANT VERIFICATION OF INFORMATION

I certify that I have read the Texas Environmental Lead Reduction Rules 25 TAC §§ 295.201-220. I declare that I have examined this application and accompanying documents and to the best of my knowledge and belief, all information provided is complete, true, and correct. I acknowledge that any falsification or misrepresentation in attempting to obtain department accreditation will result in the disapproval of this application.

Signature of Training Program Provider’s Representative	Date
Name and Title of Training Program Provider’s Representative (type or print)	

IMPORTANT

APPLICATIONS WILL NOT BE CONSIDERED COMPLETE IF NOT SIGNED BY THE APPLICANT, AND ALL REQUIRED DOCUMENTATION AND FEE ARE SUBMITTED.

NOTE:

- ◆ Mail this application and other required documentation to: Environmental Lead Branch, Lead Training Section, Toxic Substances Control Division, Texas Department of Health, P.O. Box 149200, Austin, TX 78714-9200.
- ◆ Within 90 days of receipt of your application, a “Deficiency Notification” letter will be sent if additional documentation is required or errors are contained in your application. You will have 60 days from the date on the “Deficiency Notification” to complete your application. If the required deficiency information is not received in the specified time period, your application will be disapproved in accordance with §295.204(c)(3) of the Texas Environmental Lead Reduction Rules.
- ◆ A training program provider shall not provide, offer, or claim to provide department-accredited training courses without first applying for and receiving accreditation from the department as required under §295.204(c) [§295.204(a)(3)].